

SUGGESTION EVALUATION						1. DATE (YYYYMMDD)	
2. TO: (Use complete address)							
3. SUGGESTION TITLE						4. SUGGESTION NUMBER	
5. ACTION TAKEN OR RECOMMENDED (Check pertinent box and furnish necessary information in Item 9. "Remarks".)							
<input type="checkbox"/> a. NOT RECOMMENDED FOR ADOPTION (Give reasons in Item 9)							
<input type="checkbox"/> b. ALREADY UNDER CONSIDERATION							
<input type="checkbox"/> c. ALREADY IN USE							
<input type="checkbox"/> d. RECOMMEND ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE (Complete all other items and forward to Incentive Awards Board in accordance with Administrative Instruction No. 29)							
<input type="checkbox"/> e. APPROVED FOR ADOPTION (Complete all other items)							
	(1) TOTALLY	(2) PARTIALLY (Explain)	(3) DATE OF IMPLEMENTATION (YYYYMMDD)	(4) METHOD OF ADOPTION	(5) MANDATORY OR OPTIONAL USE		
6. INTANGIBLE BENEFITS (Non-measurable) SUGGESTION IMPROVES							
<input type="checkbox"/>	QUALITY	<input type="checkbox"/>	EFFICIENCY	<input type="checkbox"/>	TIMELINESS	<input type="checkbox"/>	DAILY OPERATIONS
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SERVICE
<input type="checkbox"/>		<input type="checkbox"/> OTHER (Explain in Item 9)					
7. TANGIBLE BENEFITS. (First year tangible benefits will be calculated if at all possible. Use table below or, if inapplicable, give a detailed breakdown of benefits under Item 9, "Remarks". Use additional pages, if required.)							
a. FACTORS		(1) LABOR			(2) MATERIAL		(3) TOTAL COST OF LABOR AND MATERIAL
	MAN-HOURS INVOLVED	COST PER MAN-HOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METHOD							\$
NEW METHOD							\$
b. COST OF CONVERTING TO NEW METHOD				(4) TOTAL DOLLAR BENEFITS		\$	
(1) MAN-HOURS			\$	c. TOTAL FIRST YEAR NET DOLLAR BENEFITS (Labor and material less cost of conversion)			
(2) MATERIALS AND/OR EQUIPMENT			\$				<input type="checkbox"/> ACTUAL
(3) TOTAL COST			\$	\$			<input type="checkbox"/> ESTIMATED
8. AWARD	a. CASH \$ _____			b. CERTIFICATE			
9. REMARKS (Use this space for all contributory comments including description of old or new method if different from that described on the suggestion)							
10. EVALUATOR							
a. SIGNATURE			b. TITLE		c. ORGANIZATION		d. TELEPHONE NUMBER (Include Area Code)
11. REVIEWER							
a. SIGNATURE			b. TITLE		c. ORGANIZATION		